

CONTINUING EDUCATION VOUCHER APPLICATION

Submit to: Arizona Department of Education, Exceptional Student Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin # 24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

THE RESIDENTIAL TREATMENT CENTER IS RESPONSIBLE FOR ENSURING THAT THIS FORM IS COMPLETED FOR ANY STUDENT WHOSE PLACEMENT IS EXPECTED TO CONTINUE INTO THE UPCOMING SCHOOL YEAR. THE RTC IS ALSO RESPONSIBLE FOR OBTAINING APPROPRIATE SIGNATURES FROM BOTH THE SPA AND HSD BEFORE SUBMITTING TO ADE.

STUDENT NAME:

DOB: _____

FACILITY:

ENTRY DATE: _____

ADDRESS: _____, AZ

FAX: _____

RTC VOUCHER CONTACT: _____

PHONE: _____

RTC EDUCATION CONTACT: _____

PHONE: _____

VOUCHER NUMBER: _____ ☐ NSE ☐ CSE** ☐ RSE**

DISABILITY: _____

****IF THE IEP HAS BEEN REVISED SINCE THE ANNUAL VOUCHER WAS ISSUED, YOU MUST ATTACH A COPY OF THE CURRENT IEP.****

STATE PLACING AGENCY: (SELECT ONE)

☐ AOC:

☐ JCC or ☐ ADP

☐ GILA RIVER RBHA

☐ ADJC

☐ PASCUA YAQUI RBHA

☐ DES

☐ NAVAJO RBHA

☐ DHS:DBHS/

☐ WHITE RIVER APACHE RBHA

SPA CONTACT: _____

PHONE: _____

Signature of State Placing Agency Representative

Date

HOME SCHOOL DISTRICT: _____

HSD CONTACT: _____

PHONE: _____

Signature of Special Education Director or Representative

Date